U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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File Number U - 29/19	2. Fiscal Year Covered From:
	1/1/04 Through: 12/31/04
Name and address of person filing.	4. Name, file number, and address of labor organization.
ame steve Lomax	Name UFCW Local 1996
•	Labor Organization File Number 540 - 249
O. Box, Bldg., Room No., if any Suite 701	P.O. Box, Building and Room Number, if any Suit Zol
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\$ TO COMPANY	14.b. Amount of payment.	
13.b. Is the Business an Employer or Consultant ?		

Name of Person Filling Store Lomas	File Number U- 2949			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name UFCW + Endoyers + Haw Trade Name, if any: P.O. Box, Bidg., Room No., if any Suite 310 Street 1500 Phenix Blad City AHAMA State UA ZIP Code + 4 303 49 - 558	9. Business deals with: a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. Provides Haulth + Wilfore Benefits for membrush p of which I Am trustee 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received available to the provided of the pro			
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Name of Person Filing Steve Lamax	File Number U- 2999
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or otherword an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or individually with your labor organization or with a trust in which your labor organization.	vise dealing with the business ely seeking to represent, or irectly to, or otherwise
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	associated with Alfendence at multiple trustee meeting.
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C. Received from any employer (other than an employer covered und	er parts A and B above)
or from any labor relations consultant to an employer any payment of money	or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
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13 h Is the Rusiness an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing Stare Lampy	File Number U- 2949			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Specification Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 4657 Chambles Dunwindy Management of the City At Angles State A ZIP Code + 4 30338	9. Business deals with: a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Ufcu + Employer's H+W fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1800 Ploerix RIJE 310 City A+1 mm State CA ZIP Code + 438 49-556	11.a. Nature of such dealing. Vision provider to Appen dryenization and Toust fund 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. 2 Business Dinners 2 Blankets			
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

Name of Person Filing	File Nun	nber U- 2949
Name of Person Filing Stave Lomax		
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise	
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Name of Person Filing Steve Low-Ax	File Number U- 2949		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
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10. If 9.b. or 9.c. is checked give trust or employer's name. Name VFCW & Employers HHW Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 310 Street 1800 Phoenia Blad	11.a. Nature of such dealing. Provider of P. P. O. Network for Fund of which I am a Trustee		
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C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.		
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C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
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C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City	Reception / Pitner in Autority to The 12.b. Amount. Transports A and B above) or other thing of value.	nat mto

Name of Person Filing Steve Lomon	File Number U- 2949			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Collinance Copylor Management Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 240 Street 3201 Enterprise Physy	9. Business deals with: a. Labor Organization b. Trust c. Employer			
city Cleveland State Ohio ZIP Code + 4 4412 L				
10. If 9.b. or 9.c. is checked give trust or employer's name. Name UFCW and Employers Person Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 310	Investment Marage for Pensin Find That I am a Trustee.			
Street 1800 Phoenix Bluck City Atlanta State GA ZIP Code + 4 30349 5559	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Dinner			
	12.b. Amount. 28:00			
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above)			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	14.a. Nature of payment.			
P.O. Box, Bldg., Room No., if any Street	-			
State ZiP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

Name of Person Filling Steve Jamoy	File Number U- 2949		
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherword an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicated the dealing with your labor organization or with a trust in which your labor organization.	rise dealing with the business ely seeking to represent, or rectly to, or otherwise		
8. Name and address of Business (including trade name, if any). Name Second Problem of Hamil Invest Trade Name, if any: P.O. Box, Bidg., Room No., if any Suite 2/50 Street / D South Worker Dr. City Chicago State 68 J ZIP Code + 4 6N-06 746	9. Business deals with: a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name VFCW + Employers Person trust Trade Name, if any: P.O. Box, Bidg., Room No., if any	11.a. Nature of such dealing. Invertment manger on Pansion Fred that I Am a Transfee		
Street 1800 Phoenix Blud City Atlanta State Cya ZIP Code + 4 30949 SSS9	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Business Gold		
C. Received from any employer (other than an employer covered unde	12.b. Amount.		
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	-		
Street City			
State ZIP Code + 4 13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Form LM-30 (2003)

Name of Person Filing Sitere Array	File Number U- 2999		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Wast A B Gaset Mynt Trade Name, if any: P.O. Box, Bldg., Room No., if any	9. Business deals with: a. Labor Organization b. Trust c. Employer		
Street 5555 Scr Felipe City Houston State Texas ZIP Code + 4 77056 2723			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name UFCW & Employers. Pension Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any	Investment monage a Pension Fund of Which I Am a trustee		
Street 1800 Phoenix Bird City Admina State Garage ZIP Code + 4 303 49 5559	11.b. Approximate dollar value of such dealing. Fee \$1,000 12.a. Nature of interest held or income received. Business Dinness that Included my Wife		
	Included the		
	12.b. Amount.		
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	12.b. Amount.		
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	12.b. Amount.		
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	12.b. Amount. 12.b. Amount. 170,00 170,000 170,000 170,000 170,000 170,000 170,000 170,000		
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	12.b. Amount. 12.b. Amount. 170,00 170,000 170,000 170,000 170,000 170,000 170,000 170,000		
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	12.b. Amount. 12.b. Amount. 170,00 170,000 170,000 170,000 170,000 170,000 170,000 170,000		
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	12.b. Amount. 12.b. Amount. 170,00 170,000 170,000 170,000 170,000 170,000 170,000 170,000		

Name of Person Filing Stare Lomax	File Number U- 2949			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Delaware International Advisors (mandream) Trade Name, if any:	9. Business deals with:			
P.O. Box, Bidg., Room No., if any Suite 3870 Street Two Connected Sq City Philadelphia	b. Trust c. Employer			
State Penn. ZIP Code + 4 1910.3 10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name UFCW + Employus Rusin Food Trade Name, if any:	Investment monage on Pensin Find That I am a Trustee			
P.O. Box, Bldg., Room No., if any Suite 310 Street 1800 Phoenia Blad City Attenta	11.b. Approximate dollar value of such dealing.			
State (ZIP Code + 4 303 49 5559	Business Dinner w/ wife Present			
	12.b. Amount. 70, 42			
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	-			
Street E				
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

Form LM-30 (2003)

Name of Person Filing Sture Loma +		File Number U-	27	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name J.P. Morgan Fleming Investment	a. Labor Organizati	on		
Trade Name, if any:	b. Trust			
P.O. Box, Bldg., Room No., if any Street 522 F. H. Ave	c. Employer			
City New York Man				
State New York ZIP Code + 4 10036				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	ng.	1. 0	
Name VFCW + Employers forsion for	pension F	not manage ind of rustee	which I	
P.O. Box, Bldg., Room No., if any	Am a T	rustee		
Street 18-00 Phenix Blad	The second secon	namen kana sangganing aga alia - para sanggan biginan ay manggan barawa dan aman sa s	Invested	
City AHasta	11.b. Approximate dollar values 12.a. Nature of interest hele		- 44 milli	
State GA ZIP Code + 4 303 VI	Businers	Dhinen		
5555	90 11mm	110-01	8	
5537	90 1100-1		8	
5537	90 1100-1		8	
5137	12.b. Amount.	į	25,00	
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money	er parts A and B above)		25,00	
C. Received from any employer (other than an employer covered und	er parts A and B above)		25, 8-0	
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.		25,00	
C. Received from any employer (other than an employer covered undoor from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	er parts A and B above) or other thing of value.		25,00	
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any	er parts A and B above) or other thing of value.		25.00	
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	er parts A and B above) or other thing of value.		25.00	
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street	er parts A and B above) or other thing of value.		25 00	
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City	er parts A and B above) or other thing of value.		25.00	

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Name of Person Filing Steve Lanax	File Number U- 2949			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name RRECF America LLC				
Trade Name, if any:	a. Labor Organization			
P.O. Box, Bldg., Room No., if any	b. Trust c. Employer			
Street 875 North Michigan Ave	c. emproyer			
City Chicago &				
State ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name UFCW + Employers Poncin Fund	Truetment mgn on persion Fund of which I som a			
Trade Name, if any:	Thus tee			
P.O. Box, Bldg., Room No., if any				
Street \$1800 Phoenix Blud	11.b. Approximate dollar value of such dealing.			
City Adharta	12.a. Nature of interest held or income received.			
State (ZIP Code + 4 303 45 5 5 5 9				
•				
	12.b. Amount, 25.60			
C. Received from any employer (other than an employer covered under	er parts A and B above)			
or from any labor relations consultant to an employer any payment of money	or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	·			
Street				
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			
Form LM-30 (2003)				